


## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent No.	: 7,628,758	)	CERTIFICATION OF ELECTRONIC
Issued	: December 8, 2009	)	SUBMISSION
Application No.	: 10/583,515	)	I hereby certify that this correspondence is
Applicant	: Michael F. O'Rourke	)	being submitted electronically with the
Filed	: March 21, 2007	)	United States Patent and Trademark Office's
Title	: Method and Apparatus	)	electronic filing system (EFS Web) on this
	For Determination of	)	<u>16th</u> day of December, 2009.
	Central Aortic Pressure	)	 <u>12-16-09</u>
		)	to Ann Kuczynski Date
TC/A.U.	: 3735	)	
Examiner	: Patricia C. Mallari	)	
Docket No.	: 5304-00004	)	
Customer No	: 26753	)	
Confirmation No.	: 1448	)	

## REQUEST FOR CERTIFICATE OF CORRECTION

Commissioner of Patents  
 Mail Stop - Certificate of Corrections Branch  
 P.O. Box 1450  
 Arlington, VA 22313-1450

Sir:

Upon receipt of the original patent document, the face of the patent was proofread and the following printing error was noted. A Certificate of Correction, according to the enclosed form, is therefore requested, as follows:

[73] **Assignee:**

Delete "ATGor Medical Pty. Ltd." and substitute therefor ---AtCor Medical Pty. Ltd.---

Remarks

The errors noted in the Assignee section is a printing error made by the Patent Office and correction is desired for clarification purposes when reading the patent. A copy of the Assignment showing the correct name of the assignee is attached along with a copy of the Issue Fee Transmittal form showing the correct name of the assignee. It is asked that the PTO database also be changed to

the correct assignee name for searching purposes.

Issuance and entry of the enclosed Certificate of Correction is respectfully requested.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

A handwritten signature in black ink, appearing to read "Ed Williams", written over the printed name.

Edward R. Williams, Jr.  
(Reg. No. 36,057)

100 East Wisconsin Ave., Suite 1100  
Milwaukee, WI 53202  
(414) 271-7590

**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
 or **Fax (571)-273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26753 7590 08/28/2009

**ANDRUS, SCEALES, STARKE & SAWALL, LLP**  
**100 EAST WISCONSIN AVENUE, SUITE 1100**  
**MILWAUKEE, WI 53202**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<b>JO ANN KUCZYNSKI</b>	(Depositor's name)
<i>Jo Ann Kuczyński</i>	(Signature)
<b>10-29-09</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/583,515	03/21/2007	Michael F O'Rourke	000877/0002	1448

TITLE OF INVENTION: METHOD AND APPARATUS FOR DETERMINATION OF CENTRAL AORTIC PRESSURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/30/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
MALLARI, PATRICIA C	3735	600-485000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, **ANDRUS, SCEALES, STARKE & SAWALL, LLP**
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**ATCOR MEDICAL PTY. LTD.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**WEST RYDE, AUSTRALIA NSW 2114**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **01-2000** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Edward R. Williams, Jr.*

Date **10-29-09**

Typed or printed name

**EDWARD R. WILLIAMS, JR.**

Registration No. **36,057**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**UNITED STATES PATENT AND TRADEMARK OFFICE**

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND  
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

MARCH 21, 2007

PTAS

**\*500243058A\***

DAVID L. SCHAEFFER  
STROOCK & STROOCK & LAVAN LLP  
180 MAIDEN LANE  
NEW YORK, NY 10038

\*500243058A\*

UNITED STATES PATENT AND TRADEMARK OFFICE  
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 571-272-3350. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, MAIL STOP: ASSIGNMENT SERVICES BRANCH, P.O. BOX 1450, ALEXANDRIA, VA 22313.

RECORDATION DATE: 03/21/2007

REEL/FRAME: 019040/0793  
NUMBER OF PAGES: 2

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).  
DOCKET NUMBER: 000877/0002

ASSIGNOR:

O'ROURKE, MICHAEL F., MR.

DOC DATE: 02/28/2007

ASSIGNEE:

ATCOR MEDICAL PTY LTD  
1059-1063 VICTORIA ROAD  
SUITE 11 WEST RYDE CORPORATE  
CENTRE  
WEST RYDE, AUSTRALIA NSW 2114

SERIAL NUMBER: 10583515

FILING DATE:

PATENT NUMBER:

ISSUE DATE:

TITLE: METHOD AND APPARATUS FOR DETERMINATION OF CENTRAL AORTIC PRESSURE

USPTO

3/21/2007 9:33:52 PM PAGE 3/004

Fax Server

TO:DAVID L. SCHAEFFER COMP:STROOCK & STROOCK & LAVAN L.

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ASSIGNMENT SERVICES BRANCH  
PUBLIC RECORDS DIVISION

PATENT ASSIGNMENT

Electronic Version v1.1  
Stylesheet Version v1.1

03/21/2007  
500243058

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Mr. Michael F. O'Rourke	02/28/2007
RECEIVING PARTY DATA	
Name:	Atcor Medical PTY LTD
Street Address:	1059-1063 Victoria Road
Internal Address:	Suite 11 West Ryde Corporate Centre
City:	West Ryde
State/Country:	AUSTRALIA
Postal Code:	NSW 2114
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	10583515
CORRESPONDENCE DATA	
Fax Number:	(212)806-7677
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	212-806-6677
Email:	dschaeffer@stroock.com
Correspondent Name:	David L. Schaeffer
Address Line 1:	Stroock & Stroock & Lavan LLP
Address Line 2:	180 Maiden Lane
Address Line 4:	New York, NEW YORK 10038
ATTORNEY DOCKET NUMBER:	000877/0002
NAME OF SUBMITTER:	David L. Schaeffer
Total Attachments: 1 source=Assignment#page1.tif	

CH 10583515 \$40.00

## ASSIGNMENT

WHEREAS, I, Michael F. O'Rourke, , a citizen of Australia, having a correspondence address of 59 Woolwich Road, Hunters Hill, NSW 2110, Australia, hereinafter referred to as ASSIGNOR, have invented certain new and useful improvements in a METHOD AND APPARATUS FOR DETERMINATION OF CENTRAL AORTIC PRESSURE, for which I filed International Patent Application No. PCT/AU2004/001782, on December 17, 2004, the national stage of which in the United States being appln. no. 10/583,515, submitted on June 16, 2006.

WHEREAS, Atcor Medical PTY LTD, a corporation having a principal place of business at Suite 11 West Ryde Corporate Centre, 1059-1063 Victoria Road, West Ryde NSW 2114, Australia, hereinafter referred to as ASSIGNEE, is desirous of obtaining the entire right, title and interest in, to and under the improvements and the application;

NOW, THEREFORE, in consideration of the sum of One Dollar (\$1.00), and other good and valuable consideration, the receipt of which is hereby acknowledged, I, the ASSIGNOR, have sold, assigned, transferred and set over, and by these presents do hereby sell, assign, transfer and set over, unto the ASSIGNEE, its respective successors, legal representatives and assigns, the entire right, title and interest in, to and under the improvements, and the Application and all divisions, renewals, continuations and continuations-in-part thereof, and all Letters Patent of the United States which may be granted thereon and all reissues and extensions thereof, and all applications for Letters Patent which may hereafter be filed for the improvements in any country or countries foreign to the United States, and all Letters Patent which may be granted for the improvements in any country or countries foreign to the United States and all extensions, renewals and reissues thereof; and I hereby authorize and request the Commissioner of Patents of the United States, and any Official of any country or countries foreign to the United States whose duty it is to issue patents on applications as aforesaid, to issue all Letters Patent for the improvements to the ASSIGNEE, its successors, legal representatives and assigns, in accordance with the terms of this instrument.

AND I HEREBY covenant that I have full right to convey the entire interest herein assigned, and that I have not executed, and will not execute, any agreement in conflict herewith.

AND I HEREBY further covenant and agree that I will communicate to the ASSIGNEE, its successors, legal representatives and assigns, any facts known to me respecting the improvements, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid the ASSIGNEE, its successors, legal representatives and assigns, to obtain and enforce proper patent protection for the improvements in all countries.

IN TESTIMONY WHEREOF, I have set my hand and seal to this Assignment.

28 Feb 2007, 2007

Michael F. O'Rourke  
Michael F. O'Rourke

WITNESSED

By: C. C. Lee